



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Deer Park Elem	Flathead	0307
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Bea M. Peterson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Deer Park Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Fair-Mont-Egan Elem	Flathead	0308
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Craig & Jane Lewis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Address, City, Zip Code	Phone Number



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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Don & Donna Brinkerhoff

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Regular Trans				
Spec. Ed. Trans				
Room & Board				
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Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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		Initials
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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Elizabeth Reed

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

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Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

John & Amy Waller

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
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Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

John & Heidi Berosik

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
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Student Name School Grade

Student Name School Grade

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Grades 1-12

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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

John & Jennifer Dana

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Fair-Mont-Egan Elem	Flathead	0308
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Krista & Mark Toporcer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Fair-Mont-Egan Elem	Flathead	0308
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Mark & Denise VanArtsdale

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Fair-Mont-Egan Elem	Flathead	0308
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Michael & Mary Moore

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Fair-Mont-Egan Elem	Flathead	0308
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Pam & Mark Evert

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Fair-Mont-Egan Elem	Flathead	0308
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ray & Diana Robinson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Fair-Mont-Egan Elem	Flathead	0308
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Steve & Laura Bukoski

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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Elementary School District Fair-Mont-Egan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Swan River Elem	Flathead	0309
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Audrey Yocom

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Swan River Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Swan River Elem	Flathead	0309
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Brenda Luna

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Elementary School District Swan River Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Swan River Elem	Flathead	0309
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Cara Lafever

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Swan River Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Swan River Elem	Flathead	0309
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Caryle A. Cox

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **25** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Swan River Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

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Swan River Elem	Flathead	0309
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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☐ yes ☐ no

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

David & Jessica Jochen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Swan River Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
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School Year 2005- 2006  
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Contract #

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Laura Zumwah

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **20** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Swan River Elem	Chair, Board of Trustees	Date
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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Lisa G. Caldwell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Office of Public Instruction  
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Helena, MT 59620-2501

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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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Swan River Elem	Flathead	0309
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

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(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Lynn Boots

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Swan River Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Cynthia Meador

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Elizabeth Burns

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 22

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Faye Stukey

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 16

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Jeannette Wenthold

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 15

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Jennifer Linne'

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Joe & Dianne Gamma

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Julie Holmes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 12

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Lorna Hauser

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 40

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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High School District Flathead H S	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Margie Stensland

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 6.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Mark Leatzow

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 6

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Robert & Lisa Edwards

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 49.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 16.7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Office of Public Instruction  
PO Box 202501  
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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Sandra L. McCallum

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 12

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Terri Reavis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 23

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8.2

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Theresa Peterson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.3

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kalispell Elem	Flathead	0310
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Richard P. Sutton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kalispell Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kalispell Elem	Flathead	0310
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tracy Lee

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **16.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kalispell Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Columbia Falls H S	Flathead	0313

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Vera Gail Meeks

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Columbia Falls H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Cayuse Prairie Elem	Flathead	0317
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Debie Raiman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Cayuse Prairie Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Albert Hauser

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **15.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **10.2** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Amber L. Bucholz

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Amy & David Metcalfe

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Anita Golden

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ann Brown

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Bulinda K. Egley

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Caroline Frary

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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The parties agree as follows:

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Carrie Derby

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Charles Gamble

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Chris & Kimberly Irlbeck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Chris Schuck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **18** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Cynthia Frech

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Deborah Holt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **21** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ginger Rapp

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ginny Brown

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **16.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Glenda Howe

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Heidi Black

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

James & Theresa McElwain

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jason & Kathy Meyer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jennifer Benjamin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jessica Contantine

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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The parties agree as follows:

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Joe & Dawn Grosswiler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Parent or Guardian Name: (Please Print)

John Yogerst

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Joletha Mills

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Joyce San Roman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Judy Andrews

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Julie S. Kelly

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Julie Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kelly Pike

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Parent or Guardian Name: (Please Print)

Laura H. Rhodes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **16.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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(For district, county and OPI use only)

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Lisa Kaplanian

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Mariane Beland

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Michelle M. Rensel

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Nancy Mullen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **24** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **15** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Pam Schuck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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School Year 2005- 2006  
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Raechel Allen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

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Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Risa Carlson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Robin S. Pulse

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Roger Groshelle

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Shane & Christine Webb

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tommy Baker

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **14** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **9.5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tracy Paddock

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tricia Gray

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Wendy Hoelstad

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Wendy Oakson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Christing Reed

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

David Barnes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8.8

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Debbie Wallace

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 13

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Dora McDonald

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 23

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 14

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Helen Pilling

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 6.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Julie McPhee

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Laura Baer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3.3

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.3

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Marcy Osterday

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Marjorie Peck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Mike Greskowiak

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Montana Hansen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Kila Elem	Chair, Board of Trustees	Date
High School District Flathead H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Smith Valley Elem	Flathead	0324
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Catherine R. Baier

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **7** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District Smith Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Smith Valley Elem	Flathead	0324
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Eugene Garrison

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Smith Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Smith Valley Elem	Flathead	0324
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jack & Sharon Hagel

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Smith Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Smith Valley Elem	Flathead	0324
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jack & Sharon Hagel

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Smith Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Smith Valley Elem	Flathead	0324
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Thomas Holling

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Smith Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pleasant Valley Elem	Flathead	0325
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Gale Stevens

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
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Elementary School District Pleasant Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pleasant Valley Elem	Flathead	0325
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Harold Maxey

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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REIMBURSEMENT RATE  
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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pleasant Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pleasant Valley Elem	Flathead	0325
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sharon Salyer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Pleasant Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Somers Elem	Flathead	0327
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Wendy Rhoades

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **14.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Somers Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Bigfork Elem	Flathead	0330
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Lisa Reid

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **12** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Bigfork Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish H S	Flathead	0335

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Carol Erickson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Whitefish H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish H S	Flathead	0335

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Dennis & Betty McReil

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 15.3

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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REIMBURSEMENT RATE  
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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District	Chair, Board of Trustees	Date
High School District Whitefish H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish H S	Flathead	0335

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Jami Phillips

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District	Chair, Board of Trustees	Date
High School District Whitefish H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish H S	Flathead	0335

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Lynn A. Cherrington

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 10

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.8

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Whitefish H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish Elem	Flathead	0334
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Cheri Allen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **14** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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Elementary School District Whitefish Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish Elem	Flathead	0334
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Chris & Pam Schuck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 17.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Whitefish Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish Elem	Flathead	0334
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Chris & Pam Schuck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 17.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Whitefish Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish Elem	Flathead	0334
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dwayne Nesbit

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Whitefish Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish Elem	Flathead	0334
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jennifer Borland

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 14 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District Whitefish Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Whitefish Elem	Flathead	0334
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Terry Sargent

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Whitefish Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Marion Elem	Flathead	0341
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Holly O'Dell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District Marion Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Marion Elem	Flathead	0341
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Julie Holmes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Marion Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Marion Elem	Flathead	0341
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sharon Palmer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 8 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Marion Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Marion Elem	Flathead	0341
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sharon Palmer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 13 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Marion Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Olney-Bissell Elem</b>	<b>Flathead</b>	<b>0342</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Eric & Rene Vorhies**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **16** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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Elementary School District Olney-Bissell Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Olney-Bissell Elem</b>	<b>Flathead</b>	<b>0342</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Erika & Tom Larson**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **23** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
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Elementary School District Olney-Bissell Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Olney-Bissell Elem</b>	<b>Flathead</b>	<b>0342</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Jon & Roxann Nagler**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **6** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Olney-Bissell Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Olney-Bissell Elem</b>	<b>Flathead</b>	<b>0342</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Vickie Engebretson**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **15** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Olney-Bissell Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Adrienne Briner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Amy D. Gregoire

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

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(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Amy Glasman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Anna M. Widden

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Anna Stene-Bailey

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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☐ yes ☐ no

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Barbara A. Pearson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Contract #

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West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Barbara Handy

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Barbara K. Pederson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Barbara S. Blandford

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Barbara W. Funk

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Belinda Erickson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Office of Public Instruction  
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School Year 2005- 2006  
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

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Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Belinda Erickson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Billy D. Killian

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract <b>West Valley Elem</b>	County <b>Flathead</b>	Legal Entity <b>1184</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Carol Marino**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>West Valley Elem</b>	<b>Flathead</b>	<b>1184</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Carol Miletich**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Cheryl Byle

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Clayton Morigeau

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Clifford Mower

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Connie Dalton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
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Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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☐ yes ☐ no

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Danny Bly

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dawn Haave

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Debbie Boyd

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Debbie Patton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Debra Hunt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Debra West

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Del Ditton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Del Ditton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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High School District	Chair, Board of Trustees	Date

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Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Denise Schlegel

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

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(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Douglas Amundson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dwandi Cameron

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Elizabeth Martin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Erin Bankhardt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Erin Long

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Erin Reed

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Grant Rasmussen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Greg & Cathy Dulin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Gregory Orr

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Hilary R. Ambrose

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Janice A. Ward

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

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Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Janie Baker

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jessica Krueger

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

John Hoppner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

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Are you applying for isolation status? ☐ Yes ☐ No

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Joy Abernathy

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Joy Abernathy

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Judi M. LaCroix

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Judy Karboski

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Julie Acheson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Julie Brown

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Julie Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Karen E. Sandler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Karrie L. Levanen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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☐ yes ☐ no

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(If yes, please attach explanation)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Karrie Levanen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Katherine E. Hanson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Address, City, Zip Code	Phone Number





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Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Katherine Hanson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kathy Butterfield

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
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Room & Board				
Correspondence				
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Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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School Year 2005- 2006  
Due to School Clerk June 1

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Katrina Libby

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
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Student Name School Grade

Student Name School Grade

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## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Parent or Guardian Name: (Please Print)

Kellie Danielson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kendra Freeman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kim Barstow

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kim Trimble

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
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PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kimberly Fields

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kimberly Fields

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Krissa Muonia

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Krissa Muonio

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Parent or Guardian Name: (Please Print)

Kristi Abernathy

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kristi Abernathy

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kristi M. Davis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

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Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kurt Carda

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **12.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Laura L. Fitzsimmons

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Leila Cabral

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Linda Tutvedt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>West Valley Elem</b>	<b>Flathead</b>	<b>1184</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Lisa & Kent McLellan**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Lisa C. Caldwell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Lori Grinde

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract <b>West Valley Elem</b>	County <b>Flathead</b>	Legal Entity <b>1184</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Lori Grinde**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract <b>West Valley Elem</b>	County <b>Flathead</b>	Legal Entity <b>1184</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Lynn Carper**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Parent or Guardian Name: (Please Print)

Marcy Roberts

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Mark J. Schwager

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 3.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Marla K. Richmond

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Mary M. Connolly

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 3.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract <b>West Valley Elem</b>	County <b>Flathead</b>	Legal Entity <b>1184</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Michelle Carey**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Michelle Montini

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Michelle Tutvedt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Michelle Tutvedt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Mindie K. Rasmussen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Nancy Healy

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Natalia Pavliuk

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Nichole Canning

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Nichole Canning

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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		Initials
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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Nicole D. Lynch

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Nicole Wallner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Nuggett Carwalt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Rene' King

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Rene' King

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Reuben Creighton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Rita Peiffer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Robert A. Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Robert C. Jeffords

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>West Valley Elem</b>	<b>Flathead</b>	<b>1184</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Robert Hunt**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sarah Card

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Shane & Wendy Morgan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Shannon Chamberlain

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sharon Gassaway

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sharon Tikka

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sharon Tikka

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Shauna Hubbard

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Shelby Farnhan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
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Room & Board				
Correspondence				
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Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sherri Hayes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Address, City, Zip Code	Phone Number



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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sherri M. Miletich

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
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Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sheryl Underwood

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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	Pre-K Total	K Total	1-8 Total	9-12 Total
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Student Name School Grade

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County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Shirley Willis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Shirley Willis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Susan Heidegger

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sylvia Brown

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tami Wiherski

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Terri S. Ogle

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tina Venturini

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Virginia Jones

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
West Valley Elem	Flathead	1184
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Wendy Kierstead

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District West Valley Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number